

**Department of Consumer & Regulatory Affairs
Building and Land Regulation Administration
941 North Capitol St., NE
Washington, DC 20002
Fax # (202)442-4860**

Third Party Request Form

(Request form must be approved before engaging in Third Party Inspection)

Owner/Management Company Name	Date of Request
Address	Telephone
City/State/Zip	Fax # (required)

Name of Owner/Management Company Rep.	Name of Agency
Project Name	Name of Agent
Project Address (please indicate suite #)	Telephone #

Indicate Building Trade(s) for which Third Party Inspections will be used:	
<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical (HVAC)
<input type="checkbox"/> Elevator	<input type="checkbox"/> Fire <input type="checkbox"/> Construction
Name of Proposed Third Party Inspection Agency:	
Indicate the Type of Inspection	
<input type="checkbox"/> Final <input type="checkbox"/> Other _____ Date of Inspection _____	
Permit #(s) _____	
Has a BLRA Inspector from the trade indicated above previously conducted inspections at the site?	
<input type="checkbox"/> yes <input type="checkbox"/> No	
If yes, please give the Name of the inspector and date of last inspection _____	
Are there any violations currently at the site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>I certify that the above statements on this application are true and complete to the best of my knowledge and belief. I agree to comply with all applicable laws and regulations of the District of Columbia. Signature by a Third Party Inspection Agency as an agent indicates a contractual relationship between the agency and the building owner. The making of false statements on this application is punishable by criminal penalties (DC CODE SEC. 22-2514)</i>	
_____ Signature of Owner/Management Company Officer Signature of Agent Date	